



December 2000

# HOME HEALTH AGENCY UPDATE



North Dakota Department of Health  
Division of Health Facilities

**Welcome to this edition of Home Health Agency Update, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. Administrators, please share this newsletter with your home health agency staff.**



**Seasons Greetings** to each of you. The year 2000 has been an exciting and interesting one for the home health agencies in North Dakota. It seems only a few months ago

we were planning the Y2K disaster strategies, and now 2001 is almost here. Each agency has faced many challenges and has accomplished a great deal this past year, especially with the implementation of the Home Health Perspective Payment System. Carole, Debbie, Toni, and David look forward to working with you during the coming year and extend our wishes for a very Merry Christmas and a Happy New Year.



## OASIS

### Pay Source Information

- For non-Medicare/non-Medicaid patients who are receiving skilled care, HHA's are required to collect

assessment data, but are not required to send it to the state. If the data is sent to the state it must be masked.

- For patients who are receiving non-skilled care under Medicare or Medicaid, but who have a primary care insurance company under which they are receiving skilled care, the agency should encode and submit all the payment options for both the private pay and Medicare or Medicaid. If the response to MO150 is 1, 2, 3 or 4 for any service, the OASIS data must be collected, encoded and transmitted. For any payer source that includes Medicare or Medicaid, the data needs to be submitted to the state.

**Q:** Should agencies be transmitting for patients who are receiving Medicare for non-skilled care?

**A:** Yes. If the OASIS is being completed per the requirement (that is, the patient is receiving skilled care in addition to the

unskilled care) the data should be transmitted.

Q: If MO150 indicates that one of the payment sources is Medicare or Medicaid, will the assessment be masked?

A: The assessment will not be masked if one of the payment sources is Medicare or Medicaid.

#### ICD-9 CM Coding Issues

- MO230 and MO240 that asks for the primary and secondary diagnosis of the patients should be entered the same way as they have been in the past. The primary diagnosis should be the main reason the patient is being seen. An exception to this is diabetes. For patients being treated for diabetes-related conditions, the diabetes should be coded first, for example 250.8x (diabetes with other specified manifestations), followed by the code for a chronic ulcer, 707-9, as applicable. Refer to Q and A 18 in Category 12 of the OASIS web page at [www.hcfa.gov/medicaid/oasis/hhgcat12.htm](http://www.hcfa.gov/medicaid/oasis/hhgcat12.htm).
- *There will be a revision next fall to the ICD-9 codes to comply with HIPAA regulations.*
- The current version of HAVEN has the old ICD-9 codes in it. Until the next release, an agency can use a newer code. A warning message will come up when the assessment is locked, but it will not preclude the agency from locking the assessment. These ICD-9 codes will not be rejected by the state.

What should an HHA do if they forgot to do an assessment in September?

- The HHA should perform an assessment with RFA of 05 (Other Follow-up) to get a HIPPS code and RAP.
- If the patient was in the hospital on October 1 and the agency performed a Resumption of Care assessment when the patient returned, the agency should delete it and re-key it as a Start of Care assessment. The agency will get an “out of sequence” warning, which should be ignored. Agencies should contact the FIs if they have any issues.
- For additional information, visit the PGBA web site at [http://www.pgba.com/palmetto/main.nsf/allframesets/pro\\_aint.html](http://www.pgba.com/palmetto/main.nsf/allframesets/pro_aint.html). Click on “Hot Topics,” then click the following links: “Inpatient Stays During the HH PPS Reassessment Window [Hot Topic Article]” and “Correcting Grace Period Certification and Assessment Problems [Hot Topic Article].”

Q. An agency had a patient Start of Care date in October, went to the hospital in the last few days, and was not expected to return. The patient did return. Would this be considered a PEP or a SCIS?

A. It will be a SCIS. Questions of this kind can be directed to the RHHIs.

Q: Can agencies submit assessments on patients who are younger than 18?

A: For patients younger than 18 who are Medicare patients, the agency should use OASIS to encode the assessment to get the HIPPS code. The

assessment score should be export ready to get the HIPPS code. Submission is not required. The HIPPS code should be put on the claim and then the agency can get paid through PPS. Information regarding patients younger than 18 needs to go through the payment system, but cannot be stored in the state database. The state does not reject it right now, but it will with the next release.

#### Masking Notice Update

- Masking of private pay OASIS data is not required yet. It is not expected to be required until the spring at the earliest.

#### MDCN

- The MDCN help desk telephone number is 1.800.905.2069.

#### Other Items

OASIS Home Page –

[www.hcfa.gov/medicare/hhmain.htm](http://www.hcfa.gov/medicare/hhmain.htm).

HCFA has updated the OASIS questions and answers site.



#### Top Ten OASIS Error Messages

(Error Timeframe 7/1/2000 to 9/30/2000)

#### #10 Error Message: 262 Warning

**Message** Inconsistent M0090 date: RFA 04 (M0090) does not meet HCFA timing guidelines. RFAs 04 must be done on an every 60-day cycle; (M0090) is no earlier than day 56 and no later than day 60 of that follow-up cycle.

##### Causes:

- Applies when (M0100) Reason for Assessment is a 04.

- The submitted recertification assessment was not completed within HCFA timing guidelines.
- A recertification assessment must be completed on an every 60-day cycle (when still receiving care) following the (M0030) Start of Care Date; (M0090) Information Completion Date should be no earlier than day 56 and no later than day 60 of that follow-up (recertification) period.

##### Definition:

- (M0100) Reason for Assessment 04: Recertification – Follow Up Assessment: Requires a comprehensive assessment conducted during the last five days of the recertification period.

##### Actions:

- No action is required for this submission.
- To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.

#### #9 Error Message: 1003 Warning

**Message** Inconsistent effective date sequence: The record submitted does not satisfy the sequence guidelines. The effective date of this record submitted is a date earlier than the effective date of the most current record in the state system.

##### Cause:

- The effective date of the record submitted is earlier than the effective date of the most current record stored in the state system.

##### Definition:

- The effective date is based on the RFA value. **If required** on the data record submitted, this message applies to the following date items:

- (M0030) Start of Care Date for RFA types 01 & 02
- (M0032) Resumption of Care Date for RFA type 03
- (M0090) Information Completion Date for RFA types 04 & 05
- (M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, 09, & 10

Example:

- (M0100) RFA 06 has an effective date (M0906) of March 1st and was submitted on April 15th. Then (M0100) RFA 03 with an effective date (M0032) of February 1st and was submitted on April 30th.

Tip:

- When a record is missed and completed late, it must not be backdated to the date it was actually due. Records cannot be backdated.

Action:

- Check Final Validation Report to assure that all assessments are submitted in a timely manner.
- Refer to the current data specifications on record sequencing and timing rules.

**#8 Error Message: 107 Warning Message**

Inconsistent with M0090 date: The submitted assessment was not completed within HCFA timing guidelines. RFA 4 must be completed every two months from the (M0030) date; no earlier than five days before and no later than one day before the (M0030) date.

Causes:

- Applies when (M0100) Reason for Assessment is a 04.
- The submitted recertification assessment was not completed within HCFA timing guidelines.

- A recertification assessment must be completed every two months (when still receiving care) following (M0030) Start of Care Date, should be no earlier than five calendar days before and no later than one calendar day before the care began.

Definition:

- (M0100) Reason for Assessment 04: Recertification – Follow Up Assessment: Requires a comprehensive assessment conducted during the last five days of the recertification period.

Example:

- (M0030) Start of Care Date is January 22. Recertification assessment is due in March (every two months). The last five days of the recertification period is 17, 18, 19, 20 and 21 (22 minus 5 = 17, then count out the five day window).
- The recertification assessment's (M0090) Information Completion Date must fall within the five-day window. Otherwise, the assessment will receive this warning message.

Actions:

- No action is required for this submission.
- To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.

**#7 Error Message: 1002 Warning Message**

Inconsistent record sequence: The submitted record does not satisfy the sequence guidelines. The submitted (M0100) does not logically follow the (M0100) previously accepted by the state system.

Causes:

- The record submitted does not satisfy the sequence guidelines.
- Home Health Agency may have missed submitting a record.
- The patient's identifying information may not have matched exactly on a previous record submitted, and a new row in the resident (patient) table may have been created on the HCFA OASIS system at the state, causing a failure in the sequencing order.

Definition:

- Row on the "*resident (patient) table*": Each person with data in the database has a "*row on the resident (patient) table*" in the HCFA OASIS system at the state. This "row" contains that person's identifying information and is used to link subsequent records for that person as they are submitted. If the data submitted for a patient does not match a "row," a new "row" is created, thereby making a "new person" in the database that was linked to the record. In some instances, the state system may think that one patient is really two different patients.

Example:

- The initial record for a patient in a home health agency is a RFA type 01 (Start of Care with further visits anticipated). The next RFA type submitted is RFA type 02 (Start of Care with no further visits anticipated). RFA types 01, 02 or 03 cannot follow a RFA type 01. Therefore, an "Out of Sequence - 1002" is received on the RFA type 02.

Tip:

- When more than one record for the same patient is submitted in the same **test** file, this sequence edit will compare only those records in the file with records previously

submitted to the database. The records in the file will not be sequenced with each other. Therefore, sequence warnings may appear on the Final Validation Report for a **test** file, but the same **production** file may not result in the sequence warning.

Actions:

- There are a limited number of exceptions to the sequence guidelines. If you are certain this record is correct due to an exception, no action is needed.
- If this message occurred because a record was completed and not submitted, submit the missing record.
- If, after reviewing the HHA Online Web-Duplicate Patients Report, you believe a new patient may have been created in error, contact your state OASIS coordinator.
- Review the Late Assessment Report to assure that all records are submitted in a timely manner.

**#6 Error Message: 234 Warning Message** Inconsistent LOCK

DATE/Submission Date: The submitted assessment was not completed within HCFA timing guidelines. The submission month was later than the month following the Lock Date.

Cause:

- The assessment was not submitted within the HCFA timing guidelines.
- Assessments should be submitted to the state no later than the month after the month in which the assessment was locked.

Examples:

- The assessment was locked in the HHA's encoding software on March 1st. The assessment must be submitted no later than April 30th.

- The assessment was locked in the HHA's encoding software on March 31st. The assessment must be submitted no later than April 30<sup>th</sup>.

Tips:

- Recommend submitting OASIS data more than once a month.
- Avoid waiting to submit at the end of a month in case of hardware failure, record rejection, etc.

Actions:

- No action is required for this submission.
- To avoid this in the future, review the assessment-timing schedule in the data specifications and verify that all assessments are submitted in a timely manner.

**#5 Error Message: 213 Fatal Record**

Invalid data value: The submitted data for this response is not in the range of acceptable values.

Cause:

- The submitted data is not the correct format for the identified OASIS item.

Tip:

- Social Security Numbers cannot be all 0s (zeros) or all 9s (nines).
- Version – CD1 cannot contain spaces.

Actions:

- Make appropriate corrections to the submitted record and resubmit.
- Refer to the current data specifications for this item to determine the acceptable format.
- Contact your software vendor for assistance.

**#4 Error Message: 1000 Fatal Record**

Duplicate assessment: The record submitted is a duplicate of a previously submitted record.

Cause:

- This record is a duplicate of a previously submitted record for this patient.

Definition:

- Duplicate records are based on **all** of the following fields:
- Identical HHA\_AGENCY\_ID (Header Record)
- Identical (M0100) Reason for Assessment
- Identical Effective Date
- Identical Patient (Last Name, Birth Date, & SSN)
- Identical Correction Number

The effective date is based on the RFA value. **If required** on the data record submitted, this message applies to the following date items:

- (M0030) Start of Care Date for RFA types 01 & 02
- (M0032) Resumption of Care Date for RFA type 03
- (M0090) Information Completion Date for RFA types 04 & 05
- (M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, 09 & 10

An *Identical Patient* is determined by using the Resident (Patient) Matching Criteria. Patient identifying information is checked against the resident (patient) table on the HCFA OASIS system at the state. This table contains information for every person who has records in the database. If a match is found, the fields identified (in the tip below) are checked for matching information and the fields are updated if they do not match.

- *HHA Internal ID* is an ID that the state system automatically generates internally along with the state-assigned HHA ID. The *HHA Internal ID* is part of the resident matching criteria. Only one *HHA Internal ID* is allowed on the "resident" table, and it is always associated with the most current

episode of care. If another health care provider (i.e., skilled nursing facility or another HHA) had previously provided care and sent an assessment into the state system, then this field is updated with this information.

Examples:

- When every record in a file was rejected as a duplicate assessment, the **SEND** button may have been double clicked and the file was sent twice, very quickly.
- The record was accidentally placed in a submission file after it had already been submitted, so it was sent twice in two separate files.

Tips:

- Refer to the Message Description for Warning Message 81 for the OASIS items used for matching residents.
- This error will occur if the duplicates are in the same file and file is submitted as a **production** file. The first record will be subject to normal editing and the second will be edited as a duplicate record and rejected.
- This error will not occur if the duplicates are in the same file and the file is submitted as a **test**. The first record will not be stored thus eliminating the duplicate files.
- The OASIS items used for matching patients are the following:
  - (M0040) Patient Last Name
  - (M0040) Patient First Name
  - (M0040) Patient Middle Initial
  - (M0063) Medicare Number
  - (M0064) Social Security Number
  - (M0065) Medicaid Number
  - (M0066) Birth Date
  - (M0906) Death Date (only applies to RFA type 08 - death at home)
  - HHA Internal ID

Actions:

- Check to see why this record was sent more than once.
- **DO NOT** resubmit this record as it is already in the database.

**#3 Error Message: 102 Warning Message**

Inconsistent LOCK\_DATE: The submitted record was not locked within HCFA timing guidelines. The LOCK\_DATE should be no earlier than the (M0090) date AND no more than seven days after the (M0090) date.

Causes:

- The submitted assessment was not completed within HCFA timing guidelines.
- There should be no more than seven calendar days from the LOCK DATE to the (M0090) Information Completion Date.

Definition:

- LOCK DATE is the date the assessment was locked in the HHA's encoding software. This date must be less than or equal to the current date.

Tip:

- LOCK DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to an upload file.

Actions:

- Contact your software vendor to determine how your software handles the LOCK DATE.
- No action is required for this submission.
- To avoid this in the future, review the assessment schedule and verify that all assessments are locked in a timely manner.

**#2 Error Message: 81 Warning Message**

Patient information updated: Submitted data in the above field is not the same as the data previously submitted for this patient. Verify that the "new" information is correct.

Causes:

- If patient information in this record is similar enough to patient

information on the state database based on a set of patient matching criteria, a match occurs and certain fields on the patient (resident) table in the state database will be updated.

- Patient's first name was spelled differently, the birth date was entered incorrectly, or the home health agency may be submitting information that was unknown previously (such as the Medicare or Medicaid number).
- Also occurs when the patient is in the database under one home health agency (or skilled nursing facility) and now is in a different home health agency. The current home health agency ID will be updated in the state database.

Definition:

- Resident (Patient) Matching Criteria: Patient-identifying information is checked against the resident (patient) table on the HCFA OASIS system at the state. This table contains information for every person who has records in the database. If a match is found, the fields identified (in the tip below) are checked for matches and are updated if they do not match.

Tips:

Fields that may be updated are:

- (M0040) Patient Last Name
- (M0040) Patient First Name
- (M0040) Patient Middle Initial
- (M0063) Medicare Number
- (M0064) Social Security Number
- (M0065) Medicaid Number
- (M0066) Birth Date
- (M0906) Death Date (only on RFA type 08: died at home)
- HHA Indicator HHA Internal ID

**#1 Error Message: 235 Warning Message**

Inconsistent Version Number: This field must contain the version number for the data specifications used for submission. The current and only allowable version number is 1.04.

Cause:

- The assessment contained a version number for the data specifications used for submissions that was not the current version number of 1.04.

Definition:

- Data Specifications version 1.04, Revision 1 are the specifications used for OASIS B-1 submission files for submissions from the home health agency to their respective state.
- The Layout Submitted Version Code is found in the body record bytes 35 through 39.

Tip:

- If you are using a previous software version, data may be transmitting inaccurately.

Actions:

- No action is required for this submission.
- Contact your software vendor for assistance to make sure you are using the most current software version. Refer to current data specification requirements.



**HAVEN 4.1 Released**

By Laura Williams, HCFA

The latest HAVEN update (HAVEN 4.1) should be available on the HCFA website (<http://www.hcfa.gov/oasis/oasishmp.htm>) for downloading the middle of December. CDs will be mailed to all registered users by mid-January. HAVEN 4.1 will be a full install release. Some of the issues addressed are:



- A new ICD9.mdb file to update the ICD-9 codes database.
- The assessments that have Medicare N/A checked can now be imported into HAVEN.
- The screen refresh issue has been resolved.
- The Archive window has now been updated.
- Changes to the masking process are included.
- The 'Delete Export' button has been removed from the export screen.
- The description field has been made optional. If it is left blank, the index number, the date, and then the number of records will show in the list of previous exports.
- The column on the Maintain Patient Database that was showing as Unit is back to showing as Hidden.

If you have any questions concerning this HAVEN 4.1 release, you can contact the HAVEN Help Desk at 1.877.201.4721.



### **New Category** By Cindy Wigton, HCFA

A new page has been added to HCFA's website regarding OASIS and PPS.

Also, an additional category named PPS/OASIS has been added to the Q & A's. PPS information that was previously integrated with existing pages has been pulled out and placed on the new OASIS

and PPS page for easier access. Be sure and check out the new page at <http://www.hcfa.gov/medicaid/oasis/oasispps.htm> and <http://www.hcfa.gov/medicaid/oasis/hhqcat12.htm>

The reward for a good deed  
is to have done it.

– Author unknown



### **Frequently Asked Questions**

**Q:** I am receiving a "2" for my validity flag. I thought a 2 indicated invalid clinical data. Why isn't HAVEN giving any errors so I can fix the problem?

**A:** While a "2" can indicate invalid clinical data it also may refer to the ICD-9 code as the grouper uses it. If a diagnosis code that requires the submission of the fourth or fifth digit(s) (in order to determine whether it is a manifestation code) is submitted with those digit(s) missing, the case will not get points for the diagnosis, but the HIPPS will indicate a data problem. Any code that is listed in the PPS Federal Register with four or five digits must have all the digits present to qualify for the diagnosis.

**Q:** When I use the 800 numbers provided by MDCN, I receive an error that says: "You are not allowed to access a line with an analog surcharge." What should I do?

**A:** MDCN has discontinued the 800 dial up for HHA/MDS. You should use a local number if one is available or phone MDCN at 1.800.905.2069 if you need access to use

the 800 numbers. There is approximately a one-day delay after requesting access to the 800 numbers.

**Q:** Is there a place in HAVEN I can print out my patient name and the HIPPS code?

**A:** In the export window is an option to “Print Assmt List.” This will print the Patient Name, RFA, Correction Number, Effective Date, HIPPS code, Claim Key and Status.

**Q:** Why is the format of the Claim Key generated by HAVEN different from the Claim Key required by my fiscal intermediary? Which one is correct and when will they match?

**A:** The date format of the Claim Key generated by the grouper in HAVEN meets the date formatting requirements. The claims processing system used by the RHHI’s (Regional Home Health Intermediary) will be enhanced to accept the Claim Key as it appears in HAVEN. (Per the readme.txt of the grouper 1.03)

**Q:** Does HAVEN have the ability to import and electronically submit assessment data entered in another software? When I try to import into HAVEN, I receive a message that says: “Only a local use export file may be imported into HAVEN. This file cannot be imported.” What does this mean, and what can I do to import my file into HAVEN?

**A:** Yes, HAVEN will import files from another vendors’ software. The HAVEN import function can import only data from files that conform to the OASIS submission format (i.e., header record, 1448-byte string assessments, trailer record).

However, in the export function of HAVEN, submission type Local Use was added. For this submission type, no masking is performed and the M0160 field is not blanked out. In addition, a value of “2” is written out for the Test/Production Indicator at position 574 of the header record. On the import function, only import files with a value of “2” for the Test/Production Indicators at position 574 of the header record are allowed. This feature prevents the import of any files with masked data.

Note: This applies only in HAVEN. If a file is submitted to the state system with a “2” in the Test/Production indicator position, it will be rejected.

Remember to check the following websites frequently for the latest updates:

OASIS Home Page –

[www.hcfa.gov/medicaid/oasis/oasishmp.htm](http://www.hcfa.gov/medicaid/oasis/oasishmp.htm)

Home Health (HH) PPS –

[www.hcfa.gov/medicare/hhmain.htm](http://www.hcfa.gov/medicare/hhmain.htm)

There have been recent updates to both websites.

Final Question: What do you call Santa’s Helpers?

Answer: Subordinate clauses



**Happy Holidays!**



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